

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM
SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7550213
Solicitation Title: ASBESTOS REMOVAL - MPA-196 (31 PGS)

Bid Proposal Submission
Deadline Date & Time: 2/18/2016 11:30 AM

RIVIP Vendor ID #: 77035
Bidder Name: PAL Environmental Safety Corp.
Address: 333 Washington Highway




Smithfield , RI 02917
USA

Telephone: 4017448612
Fax: 4012321130
Contact Name: Sara Baker
Contact Title: Senior Project Manager
Contact Email: sbaker@palcorp.com

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

-  1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
-  2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
-  3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

- N
4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
 5. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

Salvatore Di Lorenzo - President / Owner 100%

SECTION 3 —CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.



Request for Quote

Page 1 of 3

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

BUYER: Ohara 2nd, John F
PHONE #: 401-574-8125

CREATION DATE : 26-JAN-16
BID NUMBER: 7550213
TITLE: Asbestos Removal - MPA-196

BLANKET START : 01-MAR-16
BLANKET END : 28-FEB-17
BID CLOSING DATE AND TIME: 18-FEB-2016 11:30:00

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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
1	<p>Blanket Requirement: March 1, 2016 - February 28, 2017 with one (1) year option to renew if so decided by the State of RI.</p> <p>THIS SOLICITATION IS ISSUED TO ACQUIRE THE SERVICES OF A RHODE ISLAND LICENSED CONTRACTOR FOR STATEWIDE ASBESTOS REMOVAL.</p> <p>THE VENDOR MUST BE AN ASBESTOS ABATEMENT CONTRACTOR CERTIFIED BY THE RHODE ISLAND DEPARTMENT OF HEALTH.</p> <p>IT IS ANTICIPATED THAT THE VENDOR WILL PROVIDE COMPLETE ASBESTOS ABATEMENT CONTRACTOR SERVICES TO THE STATE, INCLUDING REMOVAL, DISPOSAL, AND/OR ENCAPSULATION OF ASBESTOS AND ALL OTHER RELATED WORK ITEMS ASSOCIATED WITH THIS WORK.</p> <p>PAYMENT WILL BE ON A TIME AND MATERIAL BASIS, WITH THE RATES TO BE AS LISTED. ANY REIMBURSABLE ITEMS SHALL BE COMPENSATED FOR AT A DIRECT COST, WITH NO MARK-UP.</p> <p>MPA-196 3/1/16 - 2/28/17 RATE PER HOUR CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes application of all insulating materials, protective coverings, coatings, & finishings to all types of mechanical systems.</p>	8.00	Hour	65.00	\$520.00
2	<p>MPA-196 3/1/16 - 2/28/17 OVERTIME RATE PER HOUR CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes application of all insulating materials, protective coverings, coatings, & finishings to all types of mechanical systems. Labor over 8 hours per day, after 5:00 PM or on Saturdays, Sundays and Holidays</p>	5.00 1.33 = O/T	Hour	86.45	\$432.25
3	<p>MPA-196 3/1/16 - 2/28/17 HEPA VACUUM (NIL FISK)</p>	1.00	Day	\$20	\$20.00

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

Overtime Rate is 1.33 x Standard Rate
Prevailing Wage is 1.33 x Standard Rate



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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
4	MPA-196 3/1/16 - 2/28/17 NEG. PRESSURE UNIT (HEPA)	1.00	Day	\$20-	\$20.00
5	MPA-196 3/1/16 - 2/28/17 HIGH VOL. SAMPLE PUMP	1.00	Day	\$20-	\$20.00
6	MPA-196 3/1/16 - 2/28/17 PERSONAL SAMPLE PUMP	1.00	Day	\$15-	\$15.00
7	MPA-196 3/1/16 - 2/28/17 AIR PRESSURE MONITOR (CHART TYPE)	1.00	Day	\$20-	\$20.00
8	MPA-196 3/1/16 - 2/28/17 DECON	1.00	Day	\$25-	\$25.00
9	MPA-196 3/1/16 - 2/28/17 DISPOSAL	14.00	Cylinder	-	-
10	MPA-196 3/1/16 - 2/28/17 MPA-196 CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes preparation, wetting, stripping, removal scrapping, vacuuming, bagging & disposing of all insulation materials, whether they contain asbestos or not, from mechanical systems.	7.00	Hour	\$65.00	\$455.00
11	MPA-196 3/1/16 - 2/28/17 OVERTIME RATE PER HOUR CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes preparation, wetting, stripping, removal scrapping, vacuuming, bagging & disposing of all insulation materials, whether they contain asbestos or not, from mechanical systems. SHOW YOUR VALID RHODE ISLAND LICENSE #: <u>LAC-311</u> /RI LIC. NO. OVERTIME RATES: 1. LABOR OVER 8 HOURS PER DAY, AFTER 5:00 P.M. OR ON SATURDAYS WILL BE PAID AT ONE AND ONE-HALF TIMES THE ABOVE RATES.	3.00	Hour	86.45	\$259.35

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RELEASE AGAINST, RI MPA
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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	2. LABOR ON SUNDAY AND HOLIDAYS WILL BE PAID AT TWO TIMES THE ABOVE RATES.				
	<p>A STATEWIDE MASTER PRICE AGREEMENT ISSUED AS A RESULT OF THIS SOLICITATION SHALL BE UTILIZED BY THE VARIOUS DEPARTMENTS AND AGENCIES OF THE STATE FOR INTERMITTENT PROJECTS WHOSE COMPLETION COST WILL NOT EXCEED \$30,000.00. PROJECTS EXCEEDING \$30,000.00 SHALL NOT BE ALLOWED UNDER PROVISIONS OF THE MPA WITHOUT PRIOR APPROVAL AND EXPRESSED AUTHORIZATION OF THE DIVISION OF PURCHASES.</p> <p>THE MASTER PRICE AGREEMENT AWARDED AS THE RESULT OF THIS SOLICITATION, MAY, AT THE SOLE DISCRETION OF THE STATE BE EXTENDED FOR ONE (1) ADDITIONAL YEAR. VENDOR, BY SUBMISSION OF THIS OFFER, AGREES TO MAINTAIN SUCH PRICING FOR A SECOND YEAR IF MPA EXTENSION IS SO DECIDED BY THE STATE.</p> <p>THE STATE, AT ITS SOLE OPTION, SHALL RESERVE THE RIGHT TO REJECT ANY OR ALL BIDS OR TO MAKE A SINGLE OR MULTIPLE AWARD AS THE RESULT OF THIS SOLICITATION.</p>				

Delivery: _____

Terms of Payment: Net 30

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Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex

1511 Pontiac Avenue
Cranston, RI 02920-4407

TTY:

Via RI Relay 711

STATE CONTRACT ADDENDUM

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

PREVAILING WAGE REQUIREMENTS

(37-13-1 ET SEQ.)

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars (\$1,000).

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;
2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);
3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at www.dlt.ri.gov/pw/Posters.htm or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;
4. Access the Department of Labor and Training website, at www.dlt.ri.gov on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1st of each year in compliance with RIGL §37-13-8;
5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any

An Equal Opportunity Employer/Program./Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711



Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone; (401) 462-8000
TTY; Via RI Relay 711

subcontractors and their assignees for prevailing wage work performed pursuant to this contract;

6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;
7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at www.dlt.ri.gov/pw.forms/htm, as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;
8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.
9. For general or primary contracts one million dollars (\$1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.
10. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars (\$100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL § 37-23-1;
11. Employ apprentices for the performance of the awarded contract when the contract is valued at one million dollars (\$1,000,000) or more, and comply with the apprentice to journeyperson ratio for each trade approved by the apprenticeship council of the Department of Labor and Training in compliance with RIGL §37-13-3.1;
12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and

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TTY via Rf Relay 711



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13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By:

Title:

Sara Bely
Senior Project Manager

Subscribed and sworn before me this 17 day of Feb, 2016

Cynthia J. Levesque
Notary Public

My commission expires: 5/2/2016



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TTY via RI Relay 711



State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
HEALTHY ENVIRONMENT TEAM - ASBESTOS PROGRAM
ASBESTOS ABATEMENT CONTRACTOR LICENSE

Pursuant to Title 23, Chapter 24.5 of the General Laws of Rhode Island (the Act) and the Rhode Island Rules and Regulations for Asbestos Control and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to act as an Asbestos Abatement Contractor. This license is subject to all applicable provisions of the Act and all applicable rules, regulations and orders of the Rhode Island Department of Health-Office of Occupational and Radiological Health now or hereafter in effect and to any conditions specified below.

Licensee: PAL ENVIRONMENTAL SERVICES
Address: 11-02 QUEENS PLAZA SOUTH
LONG ISLAND CITY NY 11101
License Number: LAC-311
Expiration Date: 11/05/2017

Asbestos Abatement Activities Authorized: Removal, encapsulation or enclosure of asbestos containing material in accordance with Part B of the Rhode Island Rules and Regulations

For a listing of site supervisors that are associated with this license please visit our website at the following web address:

<http://www.health.ri.gov/hsr/professions/license.php>

At least one Asbestos Abatement Site Supervisors must be physically present whenever any on-site work is being performed in conjunction with an approved asbestos abatement project. The photo ID issued by the Agency must be clearly displayed by an Asbestos Abatement Site Supervisor at all times while supervising an approved asbestos abatement project. Except as specifically provided otherwise in this license, the licensee shall conduct his program in accordance with statements, procedures and representations contained in the documents, including any enclosures. The Rhode Island Rules and Regulations for Asbestos Control shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.

Raquel Barrera

Raquel Barrera
Sr. Community Program Liaison Worker
Healthy Homes and Environment

STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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11	3167874
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NAME PAL Environmental Safety Corp.

ADDRESS 11-02 Queens Plaza South

CITY, STATE AND ZIP CODE Long Island City, NY 11101

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS SAME

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.

Please sign here and provide title, date and telephone number:

SIGNATURE [Signature] TITLE Senior Project Mng DATE Feb 17, 2016 TEL NO 401-232-3353 x153
Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

Please Check One: Individual ☐ Corporation ☒ Trust/Estate ☐ Government/Nonprofit Corporation ☐
Partnership ☐ Medical Services Corporation ☐ Legal Services Corporation ☐
LLC Tax Classification: Single Member (Individual) ☐ Partnership ☐ Corporation ☐

TIPS:

NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:

- 1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:

IRS ☐ RI SOS ☐ FED ☐ Other ☐

RI Supplier # Approved

Date Entered Entered By

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

P.A.L. ENVIRONMENTAL SAFETY CORP.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Q Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

11-02 QUEENS PLAZA SOUTH

6 City, state, and ZIP code

LONG ISLAND CITY, NY 11101

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
1	1		-	3	1	6	7	8
							7	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person

Date ▶ **7-20-2015**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.